



12-30-04

Express Mail No. EV371752911US

3731.

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293/002 Cont. 2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : David S. Goldsteen et al.
Application No. : 10/090,121 Confirmation No. 3451
Filed : February 28, 2002
For : MEDICAL GRAFTING METHODS AND APPARATUS
Group Art Unit : 3731
Examiner : Michael H. Thaler

New York, New York 10020
December 29, 2004

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

REPLY TO OFFICE ACTION

Sir:

In reply to the October 5, 2004 Office Action,
applicants respectfully request reconsideration in light
of the following:

Remarks begin on page 2 of this paper.



293/002 Cont. 2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

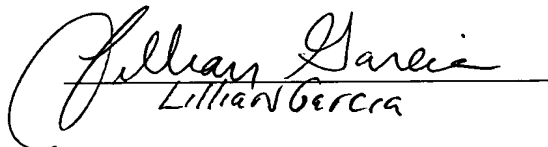
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EXPRESS MAIL CERTIFICATION

Express Mail mailing label number: EV371752911US

Date of Deposit: December 29, 2004

I hereby certify that this transmittal letter and the other papers and fees identified in this transmittal letter as being transmitted herewith are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above and are addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.


Lillian Garcia

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith: ☒ a Reply to Office Action; ☐ a Supplemental Amendment; ☐ a substitute Specification; ☐ a Declaration; ☐ a Supplemental Declaration; ☐ a Power of Attorney; ☐ an Associate Power of Attorney; ☐ formal drawings; to be filed in the above-identified patent application.

FEE FOR ADDITIONAL CLAIMS

☒ A fee for additional claims is not required.
☐ A fee for additional claims is required.

The additional fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADD'L FEES
Total Claims	33	33*	0	X \$ 50 =	\$ 0.00
Independent Claims	9	9**	0	X \$200 =	\$ 0.00
First Presentation of a Multiple Dependent Claim				+ \$360 =	\$ 0.00
* If less than 20, insert 20. ** If less than 3, insert 3.				TOTAL	\$ 0.00

[] A check in the amount of \$_____ in payment of the filing fee is transmitted herewith.

[X] The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. §§ 1.16 and 1.17, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.

[] Please charge \$_____ to Deposit Account No. 06-1075 in payment of the filing fee. A duplicate copy of this transmittal letter is transmitted herewith.

EXTENSION FEE

- ☐ The following extension is applicable to the Response filed herewith; ☐ \$120.00 extension fee for response within first month pursuant to 37 C.F.R. § 1.136(a); ☐ \$450.00 extension fee for response within second month pursuant to 37 C.F.R. § 1.136(a); ☐ \$1,020.00 extension fee for response within third month pursuant to 37 C.F.R. § 1.136(a); ☐ \$1,590.00 extension fee for response within fourth month pursuant to 37 C.F.R. § 1.136(a); \$2,160.00 within fifth month pursuant to 37 C.F.R. § 1.136(a).
- ☐ A check in the amount of ☐ \$120.00; ☐ \$450.00; ☐ \$1,020.00; ☐ \$1,590.00; ☐ \$2,160.00 in payment of the extension fee is transmitted herewith.
- ☒ The Director is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § 1.17 in connection with the paper(s) transmitted herewith, or to credit any overpayment of same, to Deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.

Respectfully submitted,



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